


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2004 8:00 am
Secretary of State

09-01-2004 90003 025 ****66.25

DOCUMENT # N03000004230 1. Entity Name ALL OF US CONSIDERED/MEN/WOMEN/CHILDREN CORP.					
Principal Place of Business MIRAGOANE, HAITI P.O BOX 805 PORT-AU-PRINCE, HAITI			Mailing Address 7211 RAMONA STREET MIRAMAR, FL 33023		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	08112004 Chg-NP CR2E037 (10/03) 4. FEI Number 412098056 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PAULE, BROS 7211 RAMONA STREET MIRAMAR, FL 33023			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE 7/17/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	P/M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROS, ALBERT		NAME	Bros, Paule	
STREET ADDRESS	7211 RAMONA STREET		STREET ADDRESS	7211 Ramona Street	
CITY-ST-ZIP	MIRAMAR, FL 33023		CITY-ST-ZIP	Miramar, FL 33023	
TITLE	President	<input type="checkbox"/> Delete	TITLE	S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Arnoix, Ginette	
STREET ADDRESS			STREET ADDRESS	7211 Ramona Street	
CITY-ST-ZIP			CITY-ST-ZIP	Miramar, FL 33023	
TITLE		<input type="checkbox"/> Delete	TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Bros, Albert	
STREET ADDRESS			STREET ADDRESS	7211 Ramona Street	
CITY-ST-ZIP			CITY-ST-ZIP	Miramar, FL 33023	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Paule Bros</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 7/17/04 Daytime Phone # (305) 957-9537 ext 2318 (305) 963-0988		